

PLAINTIFF/PETITIONER/MOVANT'S NAME

HUSSAIN D. VAHIDALLAH

PRISON NUMBER

PLACE OF CONFINEMENT

7505 Gaffneywood Way SD CA 92139

ADDRESS

FILED

08 MAY -9 PM 12:47

CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

BY:

EC

DEPUTY

United States District Court
Southern District of California

'08 CV 0843 L JMA

Civil No.

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

HUSSAIN D. VAHIDALLAH

Plaintiff/Petitioner/Movant

Center for Medicare & Medicaid Service - CMS 7500 Security
13 Lrd Baltimore MD
21244-1850
(410) 786-0727

Defendant/Respondent

MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No" go to question 2)

If "Yes," state the place of your incarceration _____

Are you employed at the institution? Yes No

Do you receive any payment from the institution? Yes No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? Yes No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. _____

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. UNIVERSITY HOSPITAL

Tampa, Florida \$4 for an hours Part time

3. In the past twelve months have you received any money from any of the following sources?:

a. Business, profession or other self-employment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Rent payments, royalties interest or dividends	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Disability or workers compensation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. Social Security, disability or other welfare	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
f. Gifts or inheritances	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
g. Spousal or child support	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
g. Any other sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. Disability \$430

Social Security around \$400

4. Do you have any checking account(s)? Yes No

a. Name(s) and address(es) of bank(s): Washington Mutual Bank
 b. Present balance in account(s): I don't know the amount 3 or 4 from
parted for me please see one enclosed

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? Yes No

a. Name(s) and address(es) of bank(s): _____
 b. Present balance in account(s): _____

6. Do you own an automobile or other motor vehicle? Yes No

a. Make: Toita Year: — Model: Toysac I but \$150
 b. Is it financed? Yes No
 c. If so, what is the amount owed? —

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

Yes No

If "Yes" describe the property and state its value. I have one House has many L/H on it but
one little is Government Pated M/T tax

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. 0

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable): I

have many collection Agency & owed

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): 0

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

I received Social Security &
disability

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

5/9/2008

DATE

S.I.D. Geay

SIGNATURE OF APPLICANT

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
 (To be completed by the institution of incarceration)

I certify that the applicant _____
 (NAME OF INMATE)

 (INMATE'S CDC NUMBER)

has the sum of \$ _____ on account to his/her credit at _____

 (NAME OF INSTITUTION)

I further certify that the applicant has the following securities _____

to his/her credit according to the records of the aforementioned institution. I further certify that **during**

the past six months the applicant's *average monthly balance* was \$ _____,

and the *average monthly deposits* to the applicant's account was \$ _____.

ALL PRISONERS MUST ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

 DATE

 SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

 OFFICER'S FULL NAME (PRINTED)

 OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, _____, request and authorize the agency holding me in
(Name of Prisoner/ CDC No.)
custody to prepare for the Clerk of the United States District Court for the Southern District of California, a
certified copy of the statement for the past six months of my trust fund account (or institutional equivalent)
activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my
trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to
this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-
10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California,
and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which
I am obligated is either \$350 (civil complaint) or \$5 (habeas corpus petition) (check one). I also
understand that this fee will be debited from my account regardless of the outcome of this action. This
authorization shall apply to any other agency into whose custody I may be transferred.

DATE

SIGNATURE OF PRISONER
